

**Health and Human Services Agency
Little Hoover Commission Hearing
Boards and Commissions
January 26, 2005**

The Health and Human Services Agency (HHS) oversees twelve departments and one board that are responsible for providing essential medical, dental, mental health and social services to California's at-risk residents. Services provided through Medi-Cal, Healthy Families, CalWORKs, In-Home Supportive Services, regional centers and other programs touch the lives of millions of Californians. HHS programs provide access to short- and longer-term services and supports that promote the health, well-being and independent living of our state's most vulnerable children, adults and families. Consistent with the Governor's budget, HHS will assume responsibility for the functions of the following five entities:

- Heart Disease and Stroke Prevention and Treatment Task Force
- California Health Policy and Data Advisory Commission
- Child Development Policy and Advisory Committee
- Commission on Emergency Medical Services
- Rural Health Policy Council

Heart Disease and Stroke Prevention and Treatment Task Force

By statute, the member task force is comprised of twelve members: six appointed by the Governor; three appointed by the Assembly Speaker; and three appointed by the Senate Rules Committee. The members represent various interests in the heart disease and stroke prevention field including volunteer health organizations, physicians, hospitals, healthcare organizations, nurses, local health departments, universities, nutritionists, and the general public.

Statutory functions include:

- Create a comprehensive health disease and stroke prevention and treatment state master plan;
- Synthesize existing information on incidence and causes of heart disease;
- Publicize methods of prevention;
- Identify priority strategies that are effective in preventing heart disease; and,
- Receive and consider reports, studies, and testimony from general public.

This task force has not been constituted; the legislation creating it was signed in 2003. Further, the task force itself is contingent upon the receipt of private funds.

The activities of the task force will be absorbed and transferred to the Department of Health Services (DHS). DHS will continue to provide state

leadership through the California Heart Disease and Stroke Prevention Program. The mission of DHS' California Heart Disease & Stroke Prevention Program is the prevention of premature death and disability from heart disease and stroke by conducting epidemiological research and publishing these findings. Further, DHS may impanel a Task Force or Advisory Board on an ad hoc basis to inform its efforts to prevent and treat heart disease and stroke and will continue to hold public forums as appropriate.

California Health Policy and Data Advisory Commission

This commission is comprised of thirteen members: nine appointed by the Governor; two appointed by the Assembly Speaker; and two appointed by the Senate Rules Committee. The commissioners represent health service plans, ambulatory surgery clinics, disproportionate share hospitals, long-term care facilities, physicians/surgeons, business health coalitions, hospitals, health insurance industry, and labor health coalitions. The Commission was created in 1985 concurrent with the abolishment of the California Health Facilities Commission (CHFC) and merger of its functions into Office of Statewide Health Planning (OSHDP). The functions of the Commission include advisory activities specifically related to the consolidation of CHFC and OSHPD data systems and healthcare data. These functions have been completed.

The Commission's responsibilities will be assumed by OSHPD. OSHPD will be able to meet the statutory requirements, continue the Commission's activities, and absorb the current staff. OSHPD's mission is to promote healthcare accessibility through leadership in analyzing California's healthcare infrastructure, promoting a diverse and competent healthcare workforce, providing information about healthcare outcomes, assuring the safety of buildings used in providing healthcare, insuring loans to encourage the development of healthcare facilities, and facilitating development of sustained capacity for communities to address local healthcare issues. Further, OSHPD may impanel a Task Force or Advisory Board on an ad hoc basis and will continue to hold public forums as appropriate.

Child Development Policy and Advisory Committee

This committee, for which funding was eliminated by Governor Davis, was comprised of twenty-seven members: twenty-two appointed by the Governor; one member appointed by the Superintendent Public Instruction; one appointed by the Director of Employment Development Department; one appointed by the Director of Department of Social Services; one appointed by the Director of Department of Health Services; and one appointed by the Director of Department of Developmental Services. The gubernatorial appointees represented various interests in the childcare and development field including private education, child welfare, private health care, proprietary childcare agencies, community action agency, family day care homes, childcare providers, and parents with children in childcare.

The committee was established to provide policy recommendations to the Governor, the Superintendent of Public Instruction, the Legislature, and other relevant state agencies concerning child care and development, review and evaluate the effectiveness of child development programs, and assess the need for children's services. As part of Governor Davis' Mid-Year Spending Reduction Proposals for 2002-03, funding for the committee was eliminated. Funding has not been restored and as a result, the committee has not met since 2003.

Since the elimination of funding, the Community Care Licensing and Welfare-to-Work divisions of the Department of Social Services and the Child Development division of the Department of Education continue to provide state leadership for child care and development issues and collaborate as appropriate.

Commission on Emergency Medical Services

This commission is comprised of sixteen members: ten appointed by the Governor; three appointed by the Assembly Speaker; and three appointed by the Senate Rules Committee. The appointees represent various interests in the emergency medical services field including physicians/surgeons, county health, nurses, paramedics, pre-hospital emergency medical service providers, fire protection and emergency services, hospital administration, peace officer, and local EMS agencies.

The Commission reviews and approves regulations, standards, and guidelines developed by the Emergency Medical Services Authority (EMSA) before implementation. It also advises EMSA on the development of an emergency medical data collection system and assessment of emergency facilities and services. Since its inception, the Commission has never had a Budget Act appropriation and EMSA absorbs the expenditures related to the Commission's activities.

The commission's activities will be transferred to EMSA. EMSA's mission is to ensure quality patient care by administering an effective, statewide system of coordinated emergency medical care, injury prevention, and disaster medical response. EMSA is charged with providing leadership in developing and implementing emergency medical services systems throughout California and setting standards for the training and scope of practice of various levels of emergency medical services personnel. EMSA will continue to meet with constituent groups and utilize technical advisory panels as appropriate to ensure support of regulations and standards governing emergency medical services functions.

Rural Health Policy Council

The Council was initially established through administrative action by the Health and Human Services Agency Secretary in 1996 and subsequently created in statute in the same year. The Council is composed of the Directors from the Department of Health Services, Department of Mental Health, Department of Alcohol and Drug Programs, Office of Statewide Health Planning and Development, Emergency Medical Services Authority, and Managed Risk Medical Insurance Board.

The Council serves as a liaison to rural health constituents. The Council holds three to four public hearings annually in partnership with other statewide rural organizations and maintains a website that provides information on regulations impacting rural providers, demographics, and funding opportunities. The majority of public testimony concerns the Department of Health Services' Licensing and Certification, Audits and Investigations, and Medi-Cal programs. Previously, the Council administered a competitive grants program. Funding for the program was eliminated.

Since its inception, the Council has never had a Budget Act appropriation. The Council has largely been supported by unallocated funds (General Fund and other funds) from the Department of Health Services. The Council's functions will be absorbed by the Health and Human Services Agency. The Agency will be able to meet statutory requirements through interagency collaboration and liaison with rural health experts.